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Country programme document

Lesotho

Summary

This country programme document (CPD) for Lesotho is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$8,551,000 from regular resources, subject to the availability of funds, and \$43,785,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.

Note: The present document was processed in its entirety by UNICEF.



Programme rationale

1. A lower middle-income country with a population of 2.01 million,¹ Lesotho invests more than 15 per cent of its gross domestic product (GDP) in the social sectors. The focus is on the 765,000 children under the age of 18 years, with 426,000 adolescents aged 10 to 19 years and 198,482 under five. Nearly six out of every 10 people live below the national poverty line of \$1.50 per day² (Sustainable Development Goal 1, end poverty in all its forms, everywhere), and just over 65 per cent of children are multi-dimensionally poor.³ Unequal wealth distribution compounds the levels of poverty: the country's Gini coefficient value is 0.54,⁴ showing high levels of income inequality. Lesotho ranks low on the human development index, at 160 out of 188 countries in 2016.⁵

2. Per-capita GDP is \$1,125, and real GDP increased at an average of 3.8 per cent annually between 2000 and 2015.⁶ An equitable and adequate budget is required for effective implementation of programmes for social inclusion. The national budget for social protection is 9 per cent of GDP (about \$197 million annually), which is one of the highest in sub-Saharan Africa.⁷ However, the national budget development process is hampered by poor participation, transparency and accountability; the Open Budget Survey 2017 characterized Lesotho as one of the weakest countries in this area. Strengthening public finance for children is therefore pivotal to enhance the quality and scale of investments in children.

3. The creation of the Ministry of Social Development in 2012 strengthened the social protection environment for children through the Child Grants Programme and the expansion of a national single registry. Social protection services and high impact interventions have been expanded to disadvantaged districts to reach the most vulnerable children.⁸ Key innovations include the establishment of "citizen service centres" to ensure decentralized service delivery, referrals and access to information.

4. The under-five mortality rate declined⁹ from 117 per 1,000 live births in 2009 to 94 in 2016.¹⁰ There are high national levels of antenatal care (95 per cent for the first visit) and delivery in a health facility (77 per cent).¹¹ However, under-five mortality remains a challenge, especially for boys (102 per 1,000 live births). Low overall life expectancy (50 years) contributes significantly to the low human development index and grimly illustrates the considerable health challenges faced under Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all, at all ages). Common causes of death among children include prematurity, birth asphyxia, pneumonia and malnutrition.¹² Maternal mortality is also extremely high, at 1,024 deaths per 100,000 live births,¹³ and skilled birth attendance shows wide disparities between urban and rural areas (90 per cent and 73 per cent, respectively) and wealth quintiles (richest, 94 per cent; poorest, 60 per

¹ Government of Lesotho, Demographic and Health Survey, 2014.

² Government of Lesotho, National social development policy, 2013.

³ UNICEF, Child Poverty Study, UNICEF Lesotho, 2017.

⁴ Gini coefficient value reported in the national Millennium Development Goals report, 2013; a value of 0 implies equal distribution of income across the population, while a value of 1 implies very unequal distribution.

⁵ *United Nations Development Programme, Human Development Report, 2016: Human Development for Everyone.*

⁶ Government of Lesotho, National Strategic Development Plan II, 2019–2023.

⁷ UNICEF, Analytical paper for the strategic moment of reflection 2016, UNICEF, Lesotho 2016.

⁸ These districts include Berea, Mokhotlong, Qacha's Nek and Thaba-Tseka, which have higher child mortality and malnutrition rates than the rest of the country's 10 districts.

⁹ UNICEF, Situation analysis of children's and women's rights in Lesotho 2015, UNICEF, Lesotho.

¹⁰ *State of the World's Children*, 2017.

¹¹ Situation analysis, 2015.

¹² Government of Lesotho, Annual joint review, 2015–2016.

¹³ *Ibid.*

cent).¹⁴ High maternal and child mortality and HIV-related deaths are partly due to poor access to affordable quality health service delivery. Sixty per cent of infant mortality (34 per 1,000 live births; urban, 31, rural, 44) occurs during the neonatal period, largely owing to birth asphyxia, prematurity and neonatal infections, which in turn arise from low utilization and poor quality of health services.¹⁵ One in 25 newborns do not survive past the first month of life; there is thus a subsequent need to intensify focus on newborn care. Immunization coverage has stagnated, with only 68 per cent of children receiving the full complement of vaccines by age one.¹⁶ Cold chain management challenges are numerous,¹⁷ while demand for immunization services is poor.

5. Under-five stunting remains high (33 per cent).¹⁸ Stunting is higher among rural/poor children and boys. Immediate causes include poor diet and recurring illness.¹⁹ Coverage of optimal infant and young child feeding (IYCF) practices is very low, at 11 per cent (urban, 16 per cent; rural, 9 per cent),²⁰ while exclusive breastfeeding is at 67 per cent.²¹ Underlying causes include inadequate care for mother/child; insufficient appropriate information for caregivers; food insecurity, exacerbated by poverty; low literacy rates; and lack of access to quality water and sanitation facilities.²²

6. Despite significant investment in the social sector for children as a whole, investment is low in the critical under-five age group, which comprises a quarter of the child population. Early childhood care and development (ECCD) receives a budget allocation of only 0.40 per cent.

7. Only 44 per cent of the population have access to at least basic sanitation and 72 per cent to at least basic drinking water sources.²³ There are wide urban/rural disparities and nearly one third of the population still practice open defecation.

8. HIV incidence among young people decreased from 1.9 per cent in 2009 to 1.3 per cent in 2017, with about 13,000 children aged 0 to 14 years estimated to be living with HIV in 2017. However, HIV/AIDS is the third cause of death (8 per cent) among children aged 6 to 13 years; prevention of mother-to-child transmission of HIV (PMTCT) has stagnated at 69 per cent; and 5.1 per cent of 15 to 19 year olds live with HIV (girls, 7.1 per cent; boys, 3.1 per cent),²⁴ compared to 3.5 per cent in 2009. Prevalence increases by a factor of four among young people aged 20 to 24 years, indicating the criticality of reaching young adults with preventive measures. Prevalence among pregnant adolescent girls aged 10 to 19 years stands at 14 per cent, making them a priority target for PMTCT interventions. Thirty-one per cent of pregnant women do not receive PMTCT services.²⁵ HIV has compromised health, education and social outcomes and altered household structures, caregiving patterns and socioeconomic viability in many families. Over a quarter of children are orphaned (27 per cent), often because of their parents' deaths due to HIV/AIDS.²⁶ HIV prevalence is

¹⁴ Ibid.

¹⁵ Government of Lesotho, Annual joint review, 2012–2013.

¹⁶ Demographic and Health Survey, 2014.

¹⁷ Government of Lesotho, Effective vaccine management assessment, 2014.

¹⁸ Demographic and Health Survey, 2014.

¹⁹ UNICEF, Analytical paper for the strategic moment of reflection 2016, UNICEF, Lesotho 2016.

²⁰ Demographic and Health Survey, 2014.

²¹ Ibid.

²² UNICEF, Analytical paper for the strategic moment of reflection 2016, UNICEF, Lesotho 2016.

²³ World Health Organization and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and Sustainable Development Goals baselines, Geneva, 2017.

²⁴ Government of Lesotho, Lesotho population-based HIV impact assessment 2017 preliminary results.

²⁵ Ibid.

²⁶ Ibid.

significantly, higher among women (30 per cent) than men (19 per cent) and in urban compared to rural areas (30 per cent vs. 21.8 per cent).

9. Primary education is free and compulsory, contributing to a net enrolment rate of 89.8 per cent for girls and 89 per cent for boys.²⁷ Preschool enrolment remains low (42 per cent);²⁸ in the Highlands, preschool rates are as low as 4 to 6 per cent. This is directly linked to poor school readiness and low quality, as evidenced by the small number of formally qualified ECCD teachers (7.7 per cent).²⁹ School retention rates are equally low in later years, with about 70 per cent of students who enter primary education completing the last grade. The primary education completion rate also shows significant inequities: 80 per cent of girls and 66 per cent for boys complete the primary cycle, with wealth levels and geographic dimensions also playing a significant role. The chances of a rural child completing primary education is around 59 per cent, while that of his/her urban counterpart is close to 86 per cent.³⁰ Only about 42 per cent of the cohort that enters grade one completes junior secondary education, and 30 per cent completes senior secondary education.³¹

10. The birth registration rate for under-five children is low (45 per cent).³² This varies widely across districts and increases by household wealth quintile (poorest, 34 per cent; richest, 63 per cent).

11. More than 24 per cent of women are married by age 18,³³ while almost one in five girls aged 15 to 19 years have begun childbearing.³⁴ About 23 per cent of children aged 5 to 14 years are engaged in child labour, with boys mainly working in potentially harmful activities, such as herding livestock.³⁵ Police records for 2008–2010 show 1,432 reported cases of violence against women and children; the majority of the reported cases were of a sexual nature (1,234) and about 30 per cent were against children.³⁶ As of 2017, the police Child and Gender Protection Unit reported a total of 1,793 child abuse cases from 2014 to 2017. The absence of comprehensive data means that the actual nature and extent of violence against children is not known, but reports from courts and the police indicate that it is prevalent. The main underlying causes are harmful traditional practices, poverty, poor policy implementation, and weak community protection mechanisms.

12. Climate shocks, urbanization and sporadic political crises further worsen socio-economic conditions.³⁷ The 2015–2016 drought induced by El Niño affected 679,437 people of which 476,842 (70 per cent) required life-saving and livelihood protection interventions. Children living with HIV/AIDS and children with disabilities were the most affected populations of this crisis, and adopted negative coping mechanism.³⁸ Greater focus and emphasis on building resilience through social protection and disaster risk management is vital to the sustainable achievement of results.

²⁷ Government of Lesotho, Annual educational statistics report, 2016.

²⁸ Ibid.

²⁹ Government of Lesotho, Education sector review report, 2016.

³⁰ Lesotho education sector diagnostic, 2015.

³¹ Ibid.

³² Government of Lesotho, Census, 2016.

³³ Ibid.

³⁴ Demographic and Health Survey, 2014.

³⁵ UNICEF, Analytical paper for the strategic moment of reflection 2016, UNICEF, Lesotho 2016.

³⁶ Committee on the Elimination of Discrimination against Women, Concluding observations of the Committee on the Elimination of Discrimination against Women, Lesotho, 2011.

³⁷ UNICEF, Political economy analyses of countries in Eastern and Southern Africa: Case study – Lesotho political economy analysis, 2017.

³⁸ United Nations, Resident Coordinator-Humanitarian Coordinator report on the use of the Central Emergency Response Fund (CERF): Lesotho rapid response drought, 2016.

Programme priorities and partnerships

13. The vision of the country programme, 2019–2023 is to reach every child, everywhere, every time, with opportunities to survive, develop and reach her or his full potential. The country programme aligns with the National Strategic Development Plan II, 2019–2023, the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination Against Women, Convention on the Rights of Persons with Disabilities, the Sustainable Development Goals, the UNICEF Strategic Plan, 2018–2021, and the UNICEF Eastern and Southern Africa regional priorities. It will contribute to the governance, human capital development and economic growth pillars of the United Nations Development Assistance Framework (UNDAF).

14. The country programme will prioritize five mutually reinforcing strategies: (a) addressing data/evidence gaps, including the promotion of real-time data, and using it for effective policy advocacy; (b) using sector platforms to enhance delivery of multisectoral interventions, thereby improving service delivery, particularly for vulnerable and marginalized populations; (c) accelerating coverage of low cost, high-impact interventions, using primary health-care and health-systems strengthening approaches; (d) refocusing on equity and its contribution to the realization of child rights, while maximizing space for innovative strategies in underserved areas; and (e) leveraging resources through innovative financing models for effective, efficient public finance for children to offset potential reductions in funding from traditional sources.

15. In line with the UNICEF Gender Action Plan, 2018–2021, the programme will mainstream gender analysis, promote community-level interventions to end discriminatory practices and tackle harmful social norms. UNICEF will strengthen its humanitarian action with specific emphasis on risk analysis and preparedness to strengthen community resilience, disaster risk reduction and climate change adaptation. It will do so by further integrating humanitarian and development approaches through risk-informed programming that underpins shock responsive services and climate proofing of infrastructure.

16. UNICEF will implement the country programme through three programme components that collectively aim to secure the well-being and future potential of children by reducing child mortality; supporting maternal care and child health and nutrition; protecting children and adolescents from violence and abuse; reducing poverty and increasing budgetary accountability; and improving learning outcomes, all with a focus on gender and equity.

Young children survive, thrive and attain learning outcomes

17. This first component envisions that by 2023 young children, particularly the most vulnerable, benefit from gender-responsive equitable social programmes. The component supports multiple Sustainable Development Goals, particularly Goals 1 (end poverty in all its forms, everywhere) to 6 (ensure access to water and sanitation for all), and underpins national efforts to reduce maternal and under-five mortality and improve learning outcomes, as defined in the National Strategic Development Plan, 2019–2023. Key strategic partners include the Ministry of Education and Training, the Ministry of Health, the Ministry of Social Development, and the Ministry of Water, civil society, the private sector, community leaders, institutions of higher learning and families and children. Close collaboration and complementarity with other United Nations organizations will be key. UNICEF will contribute by: (a) using the good practices of core packages for integrated maternal, newborn and child health, including HIV prevention, care, treatment and support; (b) increasing access to improved diets for infants and young children and applying quality hygiene interventions towards stunting reduction; (c) ensuring that young children, particularly those with disabilities and in marginalized and disadvantaged communities, have access to early childhood development, and pre-primary and primary education; and

(d) strengthening the civil registration system, with a focus on birth registration, and the child protection system, to prevent and respond to violence against children. UNICEF will support the national immunization programme to strengthen the cold chain system, particularly in vaccine storage and cost-effective distribution mechanisms.

18. To assure improved child survival and reduction of under-five mortality, UNICEF will emphasize strengthening immunization services and providing integrated high quality maternal, newborn and child health services that address the common causes of death among children, including from HIV. Timely enrolment in treatment for pregnant women and lactating mothers living with HIV, along with the introduction of quality improvement systems, will be key. UNICEF will prioritize improving IYCF practices, reducing micronutrient deficiencies, through capacity-building of a range of multisectoral service providers, and promoting community-based interventions.

19. The focus of early childhood education will be on improving nurturing, stimulation, cognitive development and school readiness. There will be continued tracking of education spending and advocacy for increased investment for early childhood education. UNICEF will support the training of pre-primary school teachers, coupling it with behaviour change and community engagement activities on stimulation and positive parenting.

Children and adolescents are protected from violence and HIV and have improved learning outcomes

20. This component will focus on: (a) ensuring the right of adolescents and children to protection from violence and exploitation; (b) reducing new HIV infections among adolescents, with focus on girls; and (c) helping children to achieve optimal learning outcomes through access to quality education options, including alternative pathways that enable transfer between formal and non-formal education. It aligns closely with Sustainable Development Goals 4 (ensure inclusive and quality education for all and promote lifelong learning), 6 (ensure access to water and sanitation for all) and 8 (promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all). Key partners will include the Ministry of Education and Training, the Ministry of Gender, Youth, Sports and Recreation, the Ministry of Health, the Ministry of Home Affairs, the Ministry of Justice and Correctional Services, the Ministry of Police and Public Safety, the Ministry of Social Development, civil society, community leaders, and families, children and adolescents. UNICEF will partner with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) and other development partners.

21. UNICEF will emphasize ensuring adolescents are protected and will support their access to life-saving, coordinated, multisectoral services/systems that can positively change behaviour and social norms/practices. Priorities will include: (a) engaging with adolescents, service providers and communities to strengthen the quality of health services and promote healthy behaviours to reduce new HIV infections; (b) improving coordination of integrated services and systems at all levels; (c) ensuring all levels of basic education align to the Child Friendly School (CFS) Initiative, including school accountability; (d) providing teachers with the knowledge and skills required to teach core subjects using learner-centred practices; (e) providing alternative education and pathways to formal and non-formal education for out-of-school adolescents, with an emphasis on boys; and (f) strengthening the Government's capacity to effectively implement and enforce the Children's Protection and Welfare Act of 2011, in particular reducing violence and abuse against children.

22. Recognizing the need for a multisectoral response to HIV, with respect to adolescent-focused programmes and policies, UNICEF, with the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNESCO, UNFPA and WHO, will provide technical and financial support for the delivery of high-impact integrated sexual and reproductive health and HIV services at the community level to: (a) prevent new HIV infections, especially among

adolescent girls and young women; (b) implement high-yield strategies to locate and link adolescents living with and at-risk of HIV to quality services and care; and (c) support community and facility-based approaches to treat and retain adolescents living with HIV. UNICEF will also invest in partnerships with the United States Agency for International Development (USAID) and the Global Fund to Fight AIDS, Tuberculosis and Malaria to leverage additional resources for HIV prevention, especially at community level. Work with the Ministry of Education and Training will continue to ensure that CFS is rolled out in all schools, implementing a learner-centred curriculum and ensuring inclusion of children with disabilities.

23. To strengthen the Government's and civil society's capacities to effectively enforce the Children's Protection and Welfare Act, 2011, UNICEF will work with existing structures to institutionalize the Children's Parliament. UNICEF will provide support to strengthen the capacity of police, magistrates, probation officers, judges, social workers, community-level health workers and teachers in applying practical child-friendly protection guidelines, including referral and management of abuse cases, in line with international norms and standards.

24. UNICEF will support civil society, community structures, caregivers and adolescents to identify, prevent and report sexual violence, including child marriage. It will use communication for development to promote positive social norms, attitudes and practices. UNICEF will support the simplification, translation and dissemination of relevant laws and policies, and the submission of periodic reports to relevant African Union and United Nations treaty bodies.

Reducing child poverty and enhancing equity and social protection

25. This third component will work towards the realization of nearly all the Sustainable Development Goals, particularly Goals 1 to 5, 10, 16 and 17.³⁹ To realize the country programme vision, UNICEF will strengthen strategic partnerships with the Ministry of Development Planning, including the Bureau of Statistics, the Ministry of Finance, the Ministry of Local Government and Chieftainship Affairs, the Ministry of Social Development and other social sector ministries, parliamentary committees, United Nations organizations, the World Bank, the European Union and other potential donors, civil society organizations (CSOs), research and academic institutions, and the private sector (information technology support/mobile network operators) to leverage resources and influence policy implementation. The specific priorities of this programme component include: (a) strengthening public finance for children to ensure that all children, including the most vulnerable, benefit optimally from government budgets at the central and decentralized levels; (b) supporting the establishment of an integrated child-sensitive and gender and shock-responsive social protection system; and (c) supporting robust evidence generation to inform social and economic policies and programmes for children.

26. UNICEF will work to strengthen the capacity of the Ministry of Finance and other relevant ministries and non-governmental organizations in enhancing the size of, equity in allocation, efficiency in spending, value for money, transparency and accountability of the national budget for basic social services. It will also support ministries to institutionalize budget monitoring and pre and post-budget consultations between policymakers and CSOs, adolescents, caregivers and service providers at national and subnational levels.

³⁹ Goal 1: End poverty in all its forms, everywhere; Goal 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture; Goal 3: Ensure healthy lives and promote well-being for all, at all ages; Goal 4: Ensure inclusive and quality education for all and promote lifelong learning; Goal 5: Achieve gender equality and empower all women and girls; Goal 10: Reduce inequality within and among countries; Goal 16: Promote just, peaceful and inclusive societies; and Goal 17, Revitalize the global partnership for sustainable development.

27. UNICEF will support partners in generating evidence on equity-related bottlenecks and in strengthening capacities to address them, and it will organize dialogue with policy and decision makers at national and subnational levels.

28. The social protection system will continue to be strengthened and the existing National Information System for Social Assistance will be expanded and linked to the civil registration and vital statistics system. This will improve targeting of beneficiaries both in the development and emergency context, and enhance accountability and coordination to deliver social protection and birth registration services to the most vulnerable children/families.

29. UNICEF will support the Government to improve the case management system and build in other effective methods (social audits, community scorecards). Furthermore, UNICEF will support the Government through "citizen service centres"⁴⁰ to implement the national decentralization policy. UNICEF will strengthen the capacity of government, CSOs and partners to collect and disseminate real-time data and information on multidimensional child poverty and deprivation. UNICEF will support the Bureau of Statistics to institutionalize the multiple indicator cluster survey and other associated surveys to generate knowledge for informed policies and strategies for children. UNICEF will also support CSOs to use data and advocate for children.

Programme effectiveness

30. The focus of the country programme is to meet quality standards in achieving impactful results for children under the programmatic components above. This will be achieved through several strategic areas that include programme performance monitoring and management, following UNICEF policies and procedures. UNICEF will apply results-based management to ensure rigour in planning and monitoring, with regular annual and mid-year reviews, which will provide opportunities to adjust for acceleration and scaling up. Evidence-based advocacy and partnerships will strengthen child-sensitive policies, strategies, plans and programmes. UNICEF will use communication for development to create and sustain demand for basic social services and to overcome harmful traditional norms and cultural practices, particularly child marriage and violence against children. UNICEF will enhance cross-sectoral and multisectoral programming to achieve more impactful results. The programme will promote South-South networks for information and experience sharing, documenting and good practices, and it will strengthen public-private partnerships to reduce deprivation.

⁴⁰ Citizen service centres are defined as a "single office where multiple services are consolidated, offering citizens the convenience of having multiple needs met in one location".

Summary budget table

<i>Programme component</i>	<i>(in thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Young children survive, thrive and attain learning outcomes	5 000	17 000	22 000
Children and adolescents are protected from violence and HIV and have improved learning outcomes	2 000	9 500	11 500
Reducing child poverty and enhancing equity and social protection	669	15 815	16 484
Programme effectiveness	882	1 470	2 352
Total	8 551	43 785	52 336

Programme and risk management

31. The Ministry of Development Planning is responsible for the overall coordination of the country programme, which outlines contributions by UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resource assignment at country level. Accountabilities of managers at country, regional and headquarters levels, with respect to country programmes, are prescribed in the organization's programme and operations policies and procedures.

32. The ability to effectively implement programming relies on key assumptions and risks including that economic, political and social stability will prevail. This is particularly important when enlarging the national fiscal space for the social sector in response to reduced international funding. UNICEF will continue to work with the Ministry of Finance to expand public finance for children, focusing on equity. It will also proactively engage new donors and the private sector, and reinforce relationships with existing donors.

Monitoring and Evaluation

33. Founded on the UNICEF Monitoring Results for Equity System, the country programme will employ monitoring and evaluation at three levels, with attention to the generation of disaggregated data. At the first level, it will measure performance by quality assuring key interventions with strategic partners at the central and district levels. It will strengthen assurance activities to ensure the effective and efficient implementation of planned activities. At the second level, it will monitor output performance along the axes of supply, demand and enabling environment. Together with the Government, United Nations organizations and other development partners, the third level will focus on the situation of children and the realization of their rights. Jointly with partners, UNICEF will identify bottlenecks through programme reviews and field monitoring and will respond accordingly. UNICEF will strengthen the capacity of the Bureau of Statistics to generate qualitative data on the situation of children and women through surveys to inform programmatic decisions, management information systems, and administrative data collection methods. It will strengthen technology for development and other innovative approaches to ensure timely availability of data. UNICEF will support a number of strategic evaluations in key programme areas, such as health and nutrition, child protection, education, and social policy.

Annex

Results and resources framework

Lesotho – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 2, 6, 12, 23, 24, 26, 28, 29, 34–38. National priorities: National Strategic Development Plan II, 2019–2023. Sustainable Development Goals: 1–6, 9–11, 13, 16, 17.	UNDAF outcome indicators involving UNICEF: (copied verbatim from UNDAF) Outcome indicators measuring change that includes UNICEF contribution (UNDAF outcome indicators, copied verbatim from UNDAF) - By 2023, government and non-governmental institutions deliver their mandates and uphold good governance, rule of law, and human rights, with all people having improved access to justice and participating in social and political decision-making processes in a peaceful environment. - Indicator 2: Existence of an independent national human rights institution. - Indicator 6: Proportion of Sustainable Development Goals indicators for which data is collected and up-to-date. - By 2023, all people, particularly the most vulnerable, benefit from gender-responsive social policies and programmes for the sustainable and equitable realization of their rights. - Indicator 1: Maternal mortality ratio/under-five mortality rate. - Indicator 2: Percentage of currently married women (aged 15 to 49 years) with unmet need for family planning. - Indicator 3: Number of new HIV infections per 1,000 uninfected population in adults 15 to 49 years, by sex. - Indicator 4: Net cohort survival rate (primary). - Indicator 5: Percentage of eligible population covered by core national social protection programmes. - Indicator 6: Prevalence of stunting among children under five years of age. - Indicator 7: Prevalence of gender-based violence among women experienced in a lifetime. - By 2023, government and private sector increase opportunities for inclusive and sustainable economic growth, improved food security, and decent work, especially for women, youth and people with disabilities. - Indicator 1: Proportion of men, women and children of all ages living in poverty in all its dimensions. - Indicator 2: Prevalence of moderate or severe food insecurity in the population. - Indicator 4: Proportion of working age population that have no access to decent employment sector, by sex and age. - By 2023, the people of Lesotho use natural resources in a more sustainable manner and the marginalized and most vulnerable are increasingly resilient. - Indicator 8: Proportion of household heads with secure tenure rights to land, with legally recognized documentation, by sex, age and type of tenure.
	Related UNICEF Strategic Plan, 2018–2021 goal areas: 1 to 5

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
Outcome 1: By 2023, young children (0 to 9 years), particularly the most vulnerable, benefit from gender responsive health, nutrition and early learning services.	Outcome indicator 1: Proportion of HIV pregnant women who receive antiretroviral (ARV) drugs for prevention of mother-to-child transmission of HIV (PMTCT). B: 69% T: 90%	District Health Information System 2	Output 1.1: By 2023, the capacity of the Ministry of Health and the cadre of health workers is improved to deliver quality integrated maternal, neonatal and child health (MNCH) and HIV services. Output 1.2: By 2023, parents and caregivers have increased capacity to practice and demand quality MNCH, infant and young child feeding (IYCF) and hygiene interventions. Output 1.3: By 2023, improved capacity of the Government (Ministry of Education and Training, Ministry of Health, Ministry of Social Development) to provide high quality early childhood development, care and pre-primary education.	National and districts: Ministry of Agriculture and Food Security, Ministry of Education and Training, Ministry of Health, Ministry of Home Affairs, Ministry of Water Food and Nutrition Coordination Office Lesotho Red Cross World Vision mothers2mothers	5 000	17 000	22 000
	Outcome Indicator 2: Children < 1 year receiving diphtheria, pertussis and tetanus (DTP)-containing vaccine at national level. B: 64% T: 90%	Lesotho Demographic and Health Survey (DHS)					
	Outcome Indicator 3: Newborns receiving postnatal care within two days of birth. B: 18% T: 60%	District Health Information System 2					
	Outcome indicator 4: Percentage of children aged 0 to 23 months who are put to the breast within one hour of birth. B: 65% T: 75%	District Health Information System 2					
	Outcome indicator 5: Gross enrolment of children in pre-primary education. B: 42% T: 55%	Education Sector Reports					
	Outcome indicator 6: Proportion of children under five whose births are registered. B: 43% T: 75%	DHS					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
Outcome 2: By the end of 2023, adolescents (10 to 19 years), particularly the most vulnerable, benefit from gender-responsive quality health, HIV, learning and protection services.	Outcome indicator 1: Percentage of adolescents 15 to 19 with HIV infection receiving antiretroviral therapy by 2023. B: M: 50%; F: 57% T: M: 92%; F: 92%	UNAIDS spectrum modelling estimates	Output 2.1: Adolescents living with or at risk of HIV have increased capacity to demand quality prevention, identification, care, and support services. Output 2.2: Improved capacity of the Ministry of Education and Training to provide high quality education, including alternative pathways. Output 2.3: Law enforcement officials have an increased capacity to identify, prevent and report violence against children and child marriage.	Ministry of Education and Training, Ministry of Health, Ministry of Social Development United Nations organizations, the United States President's Emergency Plans for AIDS (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, civil society organizations, the Global Partnership for Education, the Lesotho National Federation of Organizations of the Disabled, the Lesotho Distance Teaching Centre, the Lesotho Association of Non-Formal Education	2 000	9 500	11 500
	Outcome indicator 2: Average learning outcome improvements (Grade 6). B: Sesotho: 39.5; Mathematics: 32.0; English: 44.3 T: Sesotho: 60; Mathematics: 60; English: 65	National Assessment Survey					
Outcome 3: By 2023, all children, particularly the most vulnerable, benefit from gender-responsive social policies for the sustainable and equitable realization of their rights.	Outcome indicator 1: National social sector budget as a percentage of GDP. B: 14.5% T: 16%	National budget document; public expenditure review document, budget analyses report.	Output 3.1 By 2023, the Government of Lesotho has an improved child and gender-sensitive, shock-responsive social protection system. Output 3.2: By 2023, the Government and citizens have increased awareness and capacity to enhance participation, transparency, accountability, equity and quality of public investment in children. Output 3.3: By 2023, Improved capacity of Government to generate, analyse and communicate evidence on child right to inform policy decisions	Bureau of Statistics, Ministry of Finance, Ministry of Development Planning, Ministry of Social Development	669	15 815	16 484
	Outcome indicator 2: Percentage of monetary and multidimensionally deprived children in poor family that are directly benefited from social assistance programmes (cash). B: 32.77% (85,308) T: 60% (156,185)	National Information System for Social Assistance					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
Outcome 4: The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards for achieving results for children.	Outcome indicator 1: Percentage of programme outputs achieved by end of the country programme. B: 0% T: above 80%	Annual management plan, Governance Committee Meeting minutes (Programme Management Team, Country Management Team, Partnership Review Committee), rolling work plan, Integrated Monitoring and Evaluation Plan/ Insight reports	Output 4.1. Guidance, tools and resources to effectively and efficiently design and manage the programme of cooperation are available to UNICEF and its partners. Output 4.2. Guidance, tools and resources to effectively generate, analyse and utilize statistical and qualitative information for Child Rights System Monitoring are available in the country. Output 4.3. Guidance, tools and resources for effective communication on child rights issues with stakeholders are available to UNICEF and its partners.	All UNICEF partners	RR	OR	Total
Total resources					8 551	43 785	52 336